

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009369

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37Primary Registration District No. 541Registrar's No. 738

FILED MAR 13 1962

VS 300
Rev. 4/59

14002

2 220

3

4 1

5 2

6

7 0

8 2

9

10

11

1292-0

13

91

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A ST. LOUIS COUNTY HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>2211 MALLINCKRODT</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ESTHER M PRUNEAU</u>		4. DATE OF DEATH Month Day Year <u>FEB 28 1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. SPORT SERVICE</u>	
11. BIRTHPLACE (City and state or country) <u>PERRY CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>	
13a. FATHER'S NAME <u>ALBERT BOXDORFER</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA RODEWALD</u>	
14. NAME OF HUSBAND OR WIFE <u>KENNETH J PRUNEAU</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. INFORMANT <u>O KENNETH A. PRUNEAU 11802 CRITERIAN</u>		17. ADDRESS <u>11802 CRITERIAN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lupus Erythematosus Dissemintatus</u> DUE TO (b) <u>Anger Neurotic Edema</u> DUE TO (c) <u>Venous Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>1 mo</u> <u>5 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>456x</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Heart Attack</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fat. 1st 1962 - Feb 25</u>	20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u> COUNTY STATE		
21. I attended the deceased from Death occurred at <u>11:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>Scott Hener, M.D.</u> (Degree or title)	
22a. ADDRESS <u>6500 Chippewa</u>		22c. DATE SIGNED <u>3-1-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAR. 5 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW BETHLEHEM CEM.</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS CO & MO.</u>		23e. DATE RECD. BY LOCAL REG. <u>3-2-62</u>	
24. REGISTRAR'S SIGNATURE <u>Thomas Kutis 2906 Gravois</u>		25. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. David H. Havel
6500 Edgemoor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eduard Province

Licensed Embalmer No. 3403

P. O. Address 2906 glendon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.